

Page 1 Of 2

Date Completed: _____ Failure Code: _____

Completed By : _____ Signature : _____

Accepted By : _____ Signature : _____

[illegible]

** IMPORTANT NOTICE **
 YOU ARE RESPONSIBLE FOR YOUR OWN SAFETY AND MUST
 ENSURE THAT THE REQUIRED PPE IS WORN FOR EVERY
 JOB YOU ARE DOING. IF YOU HAVE ANY QUESTIONS
 CONCERNING THE WORK RULES, SAFETY CODES, OR
 REQUIRED PPE, PLEASE CONTACT YOUR SUPERVISOR.

Job Feedback/Historical Notes:



IP7_037455

CREW: 57

WORK ORDER TYPE: FABRICATIONS

02-60456-58

ISSUE DATE 01/06/11

Page 2 Of 2

** Work Order Parts List **

Part No	Description	PO/Req/SIR	Date Due	U/M	Reqd	Commit	Issued/Rcvd
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1 05337	HAMMER, CHIPPING	S 270226	01/24/04	EA	8	0	8
2 07739	CAP, 02.00 THREADED	S 270226	01/24/04	EA	4	0	4
3 25445	PIPE, SEAMLESS	S 270227	01/24/04	FT	8	0	8
4 53413	STEEL, ROUND	S 270226	01/24/04	FT	8	0	8

IP7_037456